

## **Application Information**

Application number::	10/797,479
Filing Date::	03/09/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	LARYNGEAL AIRWAY DEVICE
Attorney Docket Number::	009103-022400
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	No
Latin name::	1
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	

No

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lou

Middle Name::

Family Name:: Tateo

Name Suffix::

City of Residence:: Discovery Bay

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 411 Discovery Bay Blvd.

City of Mailing Address:: Discovery Bay

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94514

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France <u>US</u>

Status:: Full Capacity

Given Name:: Hongha

Middle Name::

Family Name:: Le

Name Suffix::

City of Residence:: Pleasant Hill

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 5 Fafnir Place

City of Mailing Address:: Pleasant Hill

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94523

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Douglas

Middle Name::

Family Name:: Clemet Clement

Name Suffix::

City of Residence:: Livermore

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 576 South S Street

City of Mailing Address:: Livermore

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94550

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Taiwan

Status:: Full Capacity

Given Name:: Chun

Middle Name:: Hung

Family Name:: Chen

Name Suffix::

City of Residence:: Taipei

State or Province of Residence::

Country of Residence:: Taiwan

Street of Mailing Address:: 9F1-1, No. 289, Sec 1, Jungshing Road, Shindian

Postal Address Line Two:: City

Page 3 Supplemental 10/797,479 3/9/04 7/19/04

City of Mailing Address::

Taipei

State or Province of mailing address::

Country of mailing address::

Taiwan

Postal or Zip Code of mailing address:: 231

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

Taiwan

Status::

**Full Capacity** 

Given Name::

Muhua

Middle Name::

Family Name::

Huang

Name Suffix::

City of Residence::

Taipei

State or Province of Residence::

Country of Residence::

Taiwan

Street of Mailing Address::

4F., No. 10, Lane 178, Zhuangjing Road, Xinyi

Postal Address Line Two::

**District** 

City of Mailing Address::

Taipei

State or Province of mailing address::

Country of mailing address::

Taiwan

Postal or Zip Code of mailing address:: 110

## **Correspondence Information**

Correspondence Customer Number::

20350